

DS-2019 Initial Request Form

University of Hawaii Faculty & Scholar Immigration Services
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This form should be used for all newly invited UH exchange visitors and for UH interdepartmental transfers (J-1 is moving from one UH department to another UH department).

Exchange Visitor (EV): _____ Start Date: _____ End Date: _____

Please attach:

- UH FSIS [J-1 Information Form](#)
- UH FSIS [J-2 Dependent Information Form](#) (for spouse and children under age 21, if applicable)
- UH FSIS [Agreement to Oversee J-1 & J-2\(s\)](#)
- Copy of [faculty sponsor's invitation letter](#) to the EV. Letter must include: UH position title, program start and end dates, location(s)/campus(es) where the activities will take place, description of specific research/training/instructional activity, & total dollar amount of UH salary or stipend (if applicable).
- Acceptance of the invitation from the prospective EV
- Curriculum vitae or resume (not required for UH interdepartmental transfers)
- Evidence of financial support - funding for the *full requested period* must meet the [minimum requirements](#).
 - UH support:** Copy of PNF, original UH FSIS [J-1 Stipend Form](#), copy of Form 6, or copy of consultant contract, fully executed with all required signatures.
 - Other organizations:** Copy of letter of support on sponsoring organization's letterhead. Letter must state: (1) source of funding (private or government), (2) total amount of funding (include a [currency conversion](#) to U.S. dollars if needed), & (3) start and end dates of the period the funding will cover.
 - Personal funds:** Certified bank statement in U.S. dollars (USD).
 - o If the bank statement is not in USD, include a [currency conversion](#) to USD.
 - o If the J-1 and/or J-2(s) (as applicable) are not named as account holders on the bank statement, include a written attestation of support, stating the monthly amount and the intended start and end dates of support, from the person named on the account.
 - Non-compensated appointments:** PNF showing non-comp appointment **and** evidence of financial support (other organizations' support or personal funds) must be provided.
- UH FSIS [J-1 Health Insurance Acknowledgment Form](#)
- UH FSIS [J-1 Health Insurance Compliance Form](#) (UH internal transfers only)
- Copy of passport biodata/identification page(s) for EV and each J-2 dependent
- UH FSIS [J-1 Internal Transfer Form](#) (UH internal transfers only)

Has this person ever previously been in J-1 or J-2 status? (See [12-month & 24-month bars](#))

No Yes - attach DS-2019s from all periods in J-1 or J-2 status & provide the information below:

1. Name: _____ J-1 or J-2? J-1's category: _____
Start & end dates: _____ Sponsoring org: _____
2. Name: _____ J-1 or J-2? J-1's category: _____
Start & end dates: _____ Sponsoring org: _____

****Attach a separate sheet if more space is needed****

PI/Fac Sponsor's signature: _____ Name: _____ Date: _____

Email: _____ Phone: _____

Dept Chair's signature: _____ Name: _____ Date: _____

Dean/Dir's signature: _____ Name: _____ Date: _____

AO/PO/Contact: _____ Email: _____ Phone: _____